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APPLICANTS

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** CONTINUING DATA *****

This application is a CIP of 10/024,683 12/18/2001 ABN *D.S.*
 which is a CIP of 09/848,739 05/03/2001 PAT 6,520,775

** FOREIGN APPLICATIONS ***** *None - D.S.*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **
 ** 06/19/2004

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY KS	SHEETS DRAWING 6	TOTAL CLAIMS 34	INDEPENDENT CLAIMS 4
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35 USC 119 (a-d) conditions met ☐ yes ☒ no ☐ Met after

Verified and Acknowledged *D. McMahon* *D.S.*
 Examiner's Signature Initials

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TITLE
 Dental training device

FILING FEE RECEIVED	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue)
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